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REPORT ON THE ENVIRONMENTAL
HEALTH OF THE DISTRICT.

1968

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OUNDLE AND THRAPSTON RURAL DISTRICT COUNCIL

Members of the Public Health Committee:

Councillors H. W. Allen, W. Andrews, W. A. R. Bilson, C. S. Bowering, (Chairman), A. J. Carr, G. F. Childs, A. T. Davis, Mrs. E. M. French, L. H. Garrett, P. Gray, Dr. E. St. Clair Gainer, L. E. Hackney, F. G. Jackson, P. H. W. Loaring, G. H. Newell, Rev. A. J. T. Ockley, M.A., E. Sanson, K. B. Selby, E. Smith, O. Tynan, W. B. Woolman.

Councillors R. C. L. Farress, Chairman of the Council, and A. Harrod, Vice Chairman were members ex-officio.

Public Health Officers of the Local Authority:

Joan M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H.

also holds appointments of

Medical Officer of Health, Brackley and Daventry Borough Councils, Brackley, Daventry, Brixworth, Northampton and Towcester Rural District Councils, Acting Medical Officer of Health, Oundle, Raunds, and Rushden Urban Districts, Higham Ferrers Borough and Senior Assistant Medical Officer, Northamptonshire County Council.

Chief Public Health Inspector:

D. Lewis, A.M.I.P.H.E., A.I.Hsg.

Deputy Public Health Inspector:

R. E. Hope, M.A.P.H.I.

Additional Public Health Inspector:

R. A. Sellars, M.A.P.H.I.

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Public Health Inspector. This report serves two functions, the first to give an account with statistics of the environmental health of the district; the second to make some observations on those trends in the general pattern of living which show evidence of becoming a hazard to health either now or in the future.

The vital statistics for the year show that there were 205 deaths. This gives a rate of 11.2 compared with 9.1 last year, and with the national figure of 11.9. The total number of births was 259 (of which 15 were illegitimate) compared with 276 last year, and showing therefore a decrease of 17. There were 12 infant deaths.

The incidence of infectious disease was, apart from measles, low. There were 71 cases of measles. During the year vaccination was introduced, and it is to be hoped that the incidence of this hitherto universal disease, often severe and causing both distress and complications, may now decline. It continues to be necessary, however, to maintain a watchful eye in relation to infectious diseases generally. Should standards fall infection could recur. This is particularly important in relation to a high public response to immunisation which in many areas is too low. Parents are reminded that it is vitally important to have their children immunised to diphtheria, poliomyelitis, tetanus, whooping cough, smallpox and now measles, not forgetting the necessary booster immunisations. Tuberculosis vaccination follows later - in the early teens. Infections which are food borne are also far too prevalent, and a high standard in the sale, preparation and storage of food must be maintained. Clean milk, pure water and efficient meat inspection is also essential. These standards are sustained by constant inspection, exhortation and sampling by the local authority but the public themselves must co-operate both in refusing to accept unsatisfactory practices in

shops and cafes and by keeping strict methods in their homes and in their own personal hygiene.

While the environmental situation in relation to health improves annually new problems arise. A rising population together with an affluent, highly mobile society are producing new environmental problems, the solution of which will cause many further challenges. The quantity of refuse increases annually together with the problem of its future disposal. Additional housing and the modernisation of older properties giving everyone a piped water supply and suitable sewage disposal has added to water consumption and emphasised the continual need for modern methods sewage control. Increasing ownership of motor cars, and transportation by road of goods requires adequate motorways and presents the tragic problem of death and mutilation from road accidents. The pollution of rivers and water courses by insecticides and other chemicals, the mass production of food using factory farming methods and chemical additives, the universal use of detergents, atmospheric pollution, the increase of noise in cities, all present new problems which could be as hazardous to health as the infectious diseases of the past.

In relation to personal health, while children and young adults have never been healthier, and people are living longer there remain many problems, both of preventable disease, and in the relief of suffering. The causes of some fatal and other crippling diseases are as yet unsolved. There remains the enigma of cancer, and that of the rheumatic diseases with its allied afflictions of bones, joints and muscles. However, many afflictions are preventable, and these depend now less on the control of the environment than on the life the individual chooses to lead. It is our duty to observe the trends and then to inform. This information should be clearly stated, repeated constantly and the advice should give cogent reasons for its acceptance. It is disturbing to note that at the present time the tendency is for warnings to be ignored. The future health of the community will depend increasingly on the response to these facts.

In no other field is the message clearer than in the individual choice of whether to smoke or not. It is probable that 50,000 deaths a year in Great Britain are caused from cigarette smoking not only from cancer of the lung, the annual total of which is steadily rising, but from coronary thrombosis, chronic bronchitis and pneumonia, should such a toll of death and suffering be caused by any other preventable illness, a massive machinery would be demanded to prevent it. There has been recently a national campaign, with much pressure on the government to institute cervical cytology testing, yet cervical cancer is causing less than 3,000 deaths a year. The facts relating to smoking and lung cancer are now well known, yet the message is ignored, and it is probable that the only section of the community who are

smoking less are the medical profession. Cigarette smoking is a habit, becoming in some an addiction where there is no apparent immediacy of danger and when abstinence requires a sustained effort over many years with little apparent benefit. In addition the tobacco industry is world wide involving capital, employment and governments obtain large revenues from taxation. Economic problems could result should the habit cease. Large amounts of capital are used to promote advertising, while the puny efforts of health educators with infinitesimal reserves at their disposal go unheeded. Individuals therefore remain apathetic for lack of clear initiative. The efforts of the medical profession must continue and the need for action assiduously pressed.

In assessing illnesses which can be preventable, while smoking is a habit which can be accepted or refused, the prevention of early arterial disease is more complex. There is evidence however, that cigarette smoking may contribute to the incidence of coronary thrombosis. However, the early onset of arterial disease in males would appear to be increasing in all civilised countries in the world. Men are dying or being crippled in their prime, at the time of their greatest contribution to society, and while commitments to their families are still high. The causes of arterial disease can only be inferred, and like cancer, these may be multiple. Some are known to be hereditary. Of the known facts the salient ones are that the incidence is lower in those who have taken regular physical exercise throughout life, and in those who are not obese. Modern life with its tendency to lessen physical exertion, with abundance of many highly refined foods increase both these factors. Thus excessive caloric intake without the compensatory effect of exercise combine to cause this early degenerative condition. It is disturbing now to consider that many young people are starting to smoke earlier than their predecessors, cease to take any form of regular exercise on leaving school and often eat excessively. Perhaps the early onset of coronary thrombosis of epidemic proportions may occur in the next or succeeding generations, should not urgent measures be taken to prevent such a catastrophe.

In the field of mental health, in spite of the relief of poverty and its attendant anxieties, there is little evidence of improvement. Indeed, the incidence of crime, the new problem of drug addiction together with disruption of family life by the increased divorce rate, in sexual permissiveness and cruelty to children indicate that our society, while experiencing both more material prosperity and physical comfort, remains immature and lacking in stability. However, I believe that the present generation of young people are the most physically sound of any generation yet produced, are probably the best educated, and indeed the great majority are leading useful and energetic lives. A minority only are seeking those diversions which are harming both themselves and others.

I wish to express my thanks to Mr. Lewis the Chief Public Health Inspector and his staff for their most helpful co-operation during the year and for their work in the compilation of this report, and accord my thanks to the Clerk, Chairmen of Council and Public Health Committee for their interest and help. My thanks are also due to the County Medical Officer of Health for his ready co-operation in the supplying of information.

I have the honour to be

Your obedient servant,

JOAN M.ST. V. DAWKINS,

Acting Medical Officer of Health.

October, 1969.

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SUMMARY OF VITAL STATISTICS, 1968

Area (in acres)	107,337
Population 1961 (census)	18,112
" 1967 (mid-year estimate)	18,280
Number of separate dwellings occupied 1961 (census)	5,670
" " " " " 1968	6,155
Rateable Value, 1968	£455,619
Products of a penny rate 1968/69	£1,800

LIVE BIRTHS

	Male	Female	Total
Legitimate	120	124	244
Illegitimate	9	6	15
	129	130	259

Crude birth rate per 1,000 population - 14.2

Area Comparability Factor - 1.09 Adjusted birth rate per 1,000 population - 15.47

ILLEGITIMATE LIVE BIRTHS (per cent of total live births) - 5.8

STILLBIRTHS

Legitimate	2	3	5
Illegitimate	0	1	1
	2	4	6

Rate per 1,000 live and stillbirths - 23

DEATHS (all causes)	114	91	205

Crude death rate per 1,000 population - 11.2

Area Comparability Factor - 1.01 Adjusted death rate per 1,000 population 11.3

Deaths ascribed to pregnancy, childbirth and abortion - NIL

SECTION A

NATURAL AND SOCIAL CONDITIONS

AREA. The Oundle and Thrapston Rural District consists of 51 parishes and covers an area of 107,337 acres. Four parishes are over 4,000 acres, five are between 3,000 and 4,000, nine are between 2,000 and 3,000 acres and 30 are between 1,000 and 2,000 acres. There are 3 parishes which are smaller than 1,000 acres.

The number of dwellings is 6[illegible]5 and the housing factor is 2.9 persons per house.

POPULATION. The Registrar General in his return for 1968 gives the estimated mid-year population as 18,280. This shows an increase of 20 from 1967. There was, however, a natural increase of 54 (i.e. births minus deaths).

BIRTHS. There were 259 live births compared with 276 for 1967.

The following table shows comparisons with England and Wales and the Administrative County over the past five years.

Year	Total Births	Rate per 1,000 population		
		Oundle & Thrapston	County	England & Wales
1964	310	16.8	19.1	18.4
1965	302	16.3	18.8	18.1
1966	278	15.1	18.5	17.7
1967	276	15.1	18.0	17.2
1968	259	14.2	18.80	16.9

ILLEGITIMATE BIRTHS. There were 15 illegitimate live births compared with 18 for 1967 giving a rate of 58 per 1,000 live births compared with 65.2 for the previous year.

STILLBIRTHS. For the second year running there were six stillbirths. The rate per 1,000 live and stillbirths was 23 compared with 12.45 for the County and 14.0 for England and Wales.

DEATHS.

Of the 205 deaths over half of these were due to diseases of the heart and circulatory system and also to various kinds of cancer.

The following table gives a comparison of the death rates between the District, the County and England and Wales for the past five years.

Year	Total Deaths	Rate per 1,000 population		
		Oundle and Thrapston	County	England & Wales
1964	177	9.6	10.6	11.3
1965	194	10.5	10.8	11.5
1966	217	11.8	11.1	11.7
1967	167	9.1	10.1	11.2
1968	205	11.2	10.9	11.9

MATERNAL DEATHS. There were no maternal deaths.

INFANT MORTALITY. There were 12 infant deaths: the mortality rate was 46 per 1,000 live births compared with 11.0 for 1967 when there were three deaths.

NEONATAL MORTALITY. This is a sub-division of the infant mortality rate and concerns infant deaths within the first four weeks of life, four of the above deaths were in this category. with a rate of 15.23.

PERINATAL MORTALITY. This category includes stillbirths and deaths within the first week of life. There were six stillbirths and four deaths under one week compared with six stillbirths in 1967. The rate was 38.

INFANT MORTALITY

	Male	Female	Total
Legitimate	6	6	12
Illegitimate	-	-	-
	6	6	12

Rate per 1,000 live births - 46

CAUSES OF DEATH 1968

Causes of Death	Male	Female	Total
6. Other tuberculosis, including late effects	-	1	1
19. Malignant Neoplasm - Stomach	5	2	7
Malignant Neoplasm - Lung, bronchus	11	3	14
Malignant Neoplasm - Breast	-	1	1
Malignant Neoplasm - Uterus	-	2	2
Other Malignant Neoplasms, including neoplasms of lymphatic and haemotopoietic tissue	13	8	21
21. Diabetes Mellitus	-	3	3
23. Anaemias	-	1	1
26. Chronic rheumatic heart disease	2	-	2
27. Hypersensitive disease	2	2	4
28. Ischaemic heart disease	26	17	43
29. Other forms of heart disease	9	13	22
30. Cerebrovascular disease	10	11	21
31. Influenza	-	1	1
32. Pneumonia	6	7	13
33. Bronchitis, emphysema	10	2	12
Asthma	1	-	1
34. Peptic Ulcer	-	1	1
37. Cirrhosis of liver	1	-	1
42. Congenital anomalies	1	-	1
43. Birth injury, difficult labour, and other anoxic and hypoxic conditions	2	2	4
45. Symptoms and ill-defined conditions	-	1	1
46. Mental disorders	-	1	1
Other diseases of nervous system and sense organs	3	-	3
Other diseases of circulatory system	8	3	11
Other diseases of respiratory system	1	1	2
Other diseases of the genito-urinary system	-	2	2
Diseases of the musculo-skeletal system and connective tissue	1	1	2
47. Motor Vehicle Accidents	1	-	1
48. All other accidents	-	5	5
49. Suicide and self-inflicted injuries	1	-	1
Totals	114	91	205

In a review of the causes of death the primary concern is to assess which could have been prevented. In the main, people are living longer and the majority of deaths are those which occur in the older age groups, and are primarily caused by degenerative disease of the arteries and the cancers, still the inevitable concomitants of the ageing process. However, coronary thrombosis, strokes and cancer of the lung are major causes of deaths in the middle aged male taking an increasing toll from men in their prime and at a time when they are making a major contribution to society. These are unnecessary deaths, and must be a serious cause of concern.

Nationally this year again the number of deaths from cancer of the lung has increased; statistics also show an increase in a lower age group. Males still predominate but females are catching up due to the increase in the number of cigarette smokers. In 1929, 2751 died from cancer of the lung, in 1939, 6,214; in 1963 24,434; in 1965 26,399; in 1966 27,013 in 1967 28,250; and in 1968 28,826, 23,896 males and 4,930 females.

The relationship between heavy cigarette smoking and cancer of the lung has been well established. It can also contribute to other chest conditions such as chronic bronchitis and may be an adverse factor in coronary heart disease. Yet each year thousands of young people start to smoke and many others continue to indulge in heavy cigarette smoking. The efforts of health education would appear to be having little success. It may be easy to achieve a public response to single and immediate requests such as attendance for immunisation but to succeed in long term influence is another matter. In trying to prevent lung cancer we are asking for a sustained effort over many years so that habits are inculcated which will reduce a risk which has no apparent immediate effect. Our aim must, however, continue to be directed, by all means at our disposal, towards young people in an endeavour to prevent them from initially acquiring the smoking habit. Those whom children admire, and therefore emulate have a responsibility to show by their example that cigarette smoking is a foolish habit. Parents, teachers, youth leaders, sportsmen, actors, pop stars and all those whom the young may follow need to realise how considerable is their own influence and example in this respect.

The emergence of early degenerative disease of the arteries is now becoming significant especially among middle aged males. These men in their prime and at a time of their greatest contribution to society are often killed or crippled by coronary thrombosis or strokes. This disease which now assails all the highly developed communities is a challenge which is not being met. The majority of individuals are unaware of the dangers of a pattern of life, assumed in early adulthood and followed without change until the cataclysm strikes them. The causes remain unsolved, and the factors involved are probably multiple. However, one salient feature is apparent, and this is the simple one that early arterial disease is less evident in those who take regular physical exercise. Today with mechanisation of industry, the widespread use of motor vehicles, entertainments which require no physical participation, particularly the almost universal use of television together with an increase in the number of workers whose work is almost entirely sedentary, the proportion of people who have adequate exercise is declining.

It is therefore wise to establish the habit of being as physically active as possible starting after leaving school and continuing with suitable modification to the years. While at school the emphasis is on team games, and many children fail to continue their activity after leaving school. However, swimming, squash, golf, fishing, sailing, walking, dancing, horse riding and gardening are all activities that can be continued either alone or with small groups, and some of these suitably adapted may go on throughout life. The daily walk especially if demanded by a dog, thus ensuring its regularity, is specially recommended as this is an activity which can be pursued to old age. This, together with the need to exercise some moderation in the consumption of food, to watch against obesity and the endeavour to maintain a benign and tolerant attitude to life and labours may indeed help to avert an early onset of arterial degeneration.

A small decline of approximately 7% can be reported in deaths from road accidents and this is attributed to the breathalyser test. In 1967 7,487 and in 1968 6,810 people died as a result of accidents on the roads compared with 7,985 in 1966. Since the beginning of the century, road accidents in Great Britain have caused over 300,000 deaths. Thus on an average day 20 people die as a result of such an accident, one road user being killed nearly every hour. Analysis by age has shown the 15 - 26 age group males predominating, and is most probably due to the temperamental failure of this age group. The necessity of proper maintenance of the vehicle, habitual use of safety devices such as belts in cars and helmets for motor cyclists, and driving with due consideration for the safety of other road users is stressed.

Confirmed figures regarding accidents in the home for 1968 have not yet been published but provisional figures indicate a general worsening of the situation. The following is a report on Home Accident Deaths in Great Britain in 1967 published in July, 1969 in the Home Safety Journal, a R.O.S.P.A. publication given in detail.

The total number of accidental deaths in and around the home in Great Britain in 1967 was 7,909. There were 6,722 deaths in private homes and 1,187 in residential institutions. Thus there were 674 (or 7.9 per cent) fewer fatalities than in 1966. It was in fact the lowest total for ten years.

Home accident deaths constituted over 38 per cent of all accident fatalities in 1967, and accounted for 1.3 per cent of deaths due to all causes.

The annual totals of home accident fatalities in England and Wales and in Scotland for the ten years 1958-67 are given in the table below.

In England and Wales there was a reduction of 7.2 per cent compared with the previous year. In Scotland deaths decreased by 11.9 per cent.

Deaths	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales	7,001	7,010	7,030	6,882	7,627	8,024	7,370	7,330	7,470	6,929
Scotland	1,156	1,147	1,115	1,262	1,297	1,275	1,276	1,157	1,113	980
Total	8,157	8,157	8,145	8,144	8,924	9,299	8,646	8,487	8,583	7,909

The second table gives an analysis of the 1967 figures according to cause, age-group and sex. Death rates per 100,000 population are also given.

In the four main cause categories fatalities showed a reduction compared with 1966, although deaths due to 'other' causes increased. Deaths to children aged 5 - 14 numbered the same as before, and in the age-group 45 - 64 years there was a slight increase.

Cause of Death	Age-groups (years)					Sex		Total Deaths
	0 - 4	5 - 14	15 - 44	45 - 64	65 & +	Male	Female	
Poisoning	33	13	316	494	624	637	843	1,480
Falls	78	12	75	336	3,906	1,252	3,155	4,407
Burns and Scalds	123	45	60	135	428	325	466	791
Suffocation and Choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
Total	874	115	637	1,128	5,155	2,923	4,986	7,909

Death rate *	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8

* Deaths per 100,000 population.

Sixty-five per cent of the deaths in 1967 were in the age-group 65 and over. Eleven per cent of the total fatalities were to children under five years old.

The annual figures of home accident fatalities in Great Britain for the five years 1963 - 67, analysed according to cause, are given in the following table:-

Cause of Death	1963	1964	1965	1966	1967
Poisoning	2,124	1,782	1,697	1,719	1,480
Falls	4,830	4,641	4,538	4,660	4,407
Burns and Scalds	1,058	886	872	951	791
Suffocation and Choking	792	896	900	812	742
Others	495	441	480	441	489
Total	9,299	8,646	8,487	8,583	7,909

Falls constitute the first and foremost cause of accident fatalities in and around the home, accounting for more deaths than all other causes together. The 1967 toll was 4,407, i.e. nearly 56 per cent of the total. About six out of ten of the deaths were due to falls on one level - tripping, slipping and stumbling. And more than a quarter of the fatalities were caused by falling from one level to another, e.g. down stairs, from ladders, etc. The remainder were due to unspecified falls. Nearly 89 per cent of the victims of falls were aged 65 years and over.

Poisoning is always the second most frequent cause of home accident deaths. In 1967 in Great Britain fatalities due to poisoning numbered 1,480, i.e. nearly 19 per cent of the total. Over 43 per cent of the accidents involved household gas, the toll being 642. In this category the majority of the victims were elderly. Deaths caused by other gases numbered 63. Poisoning fatalities due to solid and liquid substances totalled 775, the vast majority of these involving drugs.

The third major cause of accidental deaths in the home is burns and scalds. Such accidents claimed 791 victims in 1967, i.e. 10 per cent of the total. Under this general heading there are two main sub-categories. About nine out of ten of the victims died as a result of fire and explosion of combustible materials (burns due to clothing catching alight, by falling into the fire, conflagration etc.). The remaining fatalities were caused by hot substances, corrosive liquids and steam.

Suffocation and choking constitute the fourth main cause of fatal home accidents in Great Britain. There were 742 deaths under this heading in 1967, over nine per cent of the total. About two out of three of the fatalities were due to choking over food. The majority of the remaining deaths were caused by suffocating in beds, cots and cradles. Seventy one per cent of the victims of accidental suffocation and choking were babies and children under five years old.

Lastly, deaths due to other miscellaneous causes totalled 489 in 1967. In the case of drowning accidents there were 75 fatalities, and deaths due to electrocution numbered 70. Other causes included excessive cold (38 deaths), blows from falling objects, etc. (31), lack of care of infants under one year old (28), firearms (27) and foreign bodies in orifice (20).

Note: As in the previous analysis in this series, this analysis includes deaths in Scottish residential institutions (which numbered 97 in 1967 and 82 in 1966).

The figures in this analysis are taken from the Registrar General's Statistical Review of England and Wales for the Year 1967 (Part 1 - Medical Tables) and from the Annual Report of the Registrar General for Scotland, 1967 (No.133). RoSPA also produces separate statistical analyses of home accident deaths covering England and Wales only (which is extra detailed) and Scotland.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

LABORATORY SERVICE. The area is covered by the Public Health Laboratories at Northampton and Peterborough. There is also a laboratory at Kettering General Hospital with a branch at Rushden Memorial Hospital. The Public Health Laboratories provide facilities for routine examination of water and milk supplies, washed bottle rinses, churn rinses and the examination of ice-cream and ice-lolly samples. All of the laboratories provide facilities for the examination of specimens in connection with the control of communicable diseases.

AMBULANCE SERVICE, HOME NURSING AND HOME HELP SERVICE. These services are run by the County Council.

HOSPITAL ACCOMMODATION AND OUT PATIENT FACILITIES.

General Hospitals - Northampton, Kettering Stamford and Peterborough
Maternity - St. Mary's, Kettering, Maternity Unit, Corby
Tuberculosis and Chest Diseases - Rushden Hospital
Orthopaedic - Manfield Hospital, Northampton
Infectious Diseases - Harborough Road Hospital, Northampton

INFANT WELFARE CENTRES. The County Council is responsible for these centres which are held in the following villages:-

Brigstock, Collyweston, Kings Cliffe, Thrapston and Woodford

In addition to the above centres a mobile clinic visits various villages every month and the estate car conveys mothers from surrounding villages to the clinic.

Site of mobile clinic	Village served by estate car
Aldwincle	Thorpe Waterville
Grafton Underwood (in Kettering R.D.)	Slipton Twywell
Laxton	Wakerley Blatherwyke Bulwick
Nassington	Yarwell Apethorpe Woodnewton
Ringstead	Great Addington
Southwick	Benefield Glapthorne Tansor Cotterstock
Titchmarsh	Clopton
Wadenhoe	Pilton
Warmington	Ashton Polebrook Lutton

Upon request to the local health visitor the estate car will call at any other village to convey any mother to the nearest site of the mobile clinic. Thus child welfare facilities are now available to all mothers in the district.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY. The Nene and Ouse Water Board is responsible for the water supply to the District. Results of analyses were as follows:-

Source	Public Health Laboratory Bact. Examination			Public Analyst Bact. Examination and Chemical Analysis		
	Total No. of samples	Number satis.	Number unsatis.	Total No. of samples	Number satis.	Number unsatis.
Barnwell	32	27	5	-	-	-
Brigstock	12	12	-	-	-	-
Cotterstock	20	19	1	-	-	-
Islip	16	16	-	-	-	-
Raunds (Hargrave)	4	4	-	-	-	-
Ringstead	34	21	13 *	-	-	-
Thrapston	21	19	2	-	-	-
Tixover	26	24	2	-	-	-
Woodford	59	55	4	-	-	-
Mid-Northants Water Board (Benefield)	12	12	-	-	-	-
Private supplies	10	8	2	-	-	-
Total	246	217	29	-	-	-

N.B. Ringstead Source

Following heavy rainfall and flooding on 11th July, 1968 this well suffered severe contamination by surface water. The supply of water from this well ceased until 9th December, 1968 whilst remedial work was carried out to ensure a supply of wholesome water.

At intervals throughout the year, samples of raw water from the various sources are submitted for chemical analysis by the Public Analyst.

Listed below are the remarks made by the Public Analyst in respect of each source. Prior to being put into supply the water from every source is filtered and chlorinated.

Sample of Water labelled "Woodford, No.2 Well" received on the 30th September, 1968. Remarks:-

The results obtained on the analysis of this sample indicate a hard water slightly contaminated with organic matter and with coliform organisms.

It is to be recommended that this water be efficiently filtered and chlorinated and that the supply be kept under observation.

Sample of Water labelled "Thrapston" received on the 30th September, 1968. Remarks:-

The results obtained on the analysis of this sample indicate a hard water containing little organic matter and free from coliform organisms in 100 mils.

Subject to a satisfactory bacteriological report, this water may be considered fit for drinking purposes. Efficient filtration is to be recommended.

Sample of Water labelled "Cotterstock" received on the 7th October, 1968 Remarks:-

The results obtained on the analysis of this sample indicate a hard water containing little organic matter and free from coliform organisms in 100 mils.

Subject to a satisfactory bacteriological report, this water may be considered fit for drinking purposes.

Sample of Water labelled "Barnwell" received on the 7th October, 1968. Remarks:-

The results obtained on the analysis of this sample indicate a hard water slightly contaminated with organic matter though free from coliform organisms in 100 mils.

Subject to a satisfactory bacteriological report, this water may be considered fit for drinking purposes.

Sample of Water labelled "Brigstock" received on the 7th October, 1968. Remarks:-

The results obtained on the analysis of this sample indicate a hard water containing little organic matter and free from coliform organisms in 100 mils The slight positive action on Lead should be noted.

Subject to a satisfactory bacteriological report, this water may be considered fit for drinking purposes.

Sample of Water labelled "Islip" received on the 30th September 1968 Remarks:-

The results obtained on the analysis of the sample indicate a hard water containing little organic matter and free from coliform organisms in 100 mils.

Subject to a satisfactory bacteriological report, this water may be considered fit for drinking purposes.

Sample of Water labelled "Tixover" received on the 14th October, 1968 Remarks:-

The results obtained on the analysis of this sample indicate a hard water containing little organic matter though slightly contaminated with coliform organisms. The presence of a trace of "iron bacteria" should be noted.

It is recommended that this water be efficiently filtered and chlorinated and that the supply be kept under observation.

Sample of Water labelled "Ringstead" received on the 30th September, 1968 Remarks:-

The rsults obtained on the analysis of this sample indicate a hard water contaminated to some extent with organic matter and with coliform organisms.

I am of opinion that this water, as evidenced by the sample, is unfit for drinking purposes.

It is recommended that this water be efficiently filtered and chlorinated and that the supply be kept under close observation.

A public water main is available to the built-up area of the 51 parishes in the Rural District. No parish in the District is dependent on street standpipes for its water supply.

The following table gives particulars of the estimated number of dwelling houses and the number of the population supplied from public water mains:-

Parish	Mains water Direct to Houses		Mains water by Standpipe	
	Houses	Population	Houses	Population
Aldwincle	95	285	10	30
Apethorpe	47	140	-	-
Ashton	50	138	-	-
Barnwell	109	327	-	-
Benefield	104	340	-	-
Blatherwyke	23	42	3	9
Brigstock	375	942	37	88
Bulwick	45	140	2	8
Chelveston-cum-caldecot	99	320	-	-
Clopton	28	87	3	8
Collyweston	130	360	13	45
Cotterstock	34	63	4	12
Deene	34	90	-	-
Deenethorpe	26	63	-	-
Denford	86	200	10	37
Duddington	50	142	13	33
Easton-on-the-hill	365	1,004	8	20
Fineshade	14	42	3	10
Fotheringhay	39	168	-	-
Glapthorn	71	202	1	2
Great Addington	59	205	1	3
Hargrave	43	126	17	51
Harringworth	46	115	13	35
Hemington	18	56	9	24
Islip	193	547	7	22
Kings Cliffe	245	972	19	60
Laxton	30	93	-	-
Lilford-cum-Wigsthorpe	58	168	9	30
Little Addington	56	225	9	24
Lowick	70	302	-	-
Luddington	14	50	5	14

Parish	Mains Water Direct to Houses		Mains Water by Standpipe	
	Houses	Population	Houses	Population
Lutton	43	130	10	29
Nassington	210	626	7	22
Pilton	15	45	10	25
Polebrook	81	294	4	13
Ringstead	316	889	5	14
Southwick	55	187	5	16
Stoke Doyle	34	96	-	-
Sudborough	54	142	2	4
Tansor	44	140	9	24
Thorpe Achurch	55	137	8	19
Thrapston	734	1,974	6	20
Thurning	26	59	6	15
Titchmarsh	140	339	18	20
Twywell	89	243	20	36
Wadenhoe	32	102	7	24
Wakerley	25	88	6	19
Warmington	158	542	2	3
Woodfood	378	1,272	13	40
Woodnewton	55	173	14	39
Yarwell	82	248	6	15

PUBLIC CLEANSING

The following table shows the arrangements in force:-

Parish	Interval of collection
Aldwincle	Weekly
Apethorpe	"
Armston	"
Ashton	"
Barnwell	"
Benefield	"
Brigstock	"
Chelveston	"
Clopton	"
Collyweston	"
Cotterstock	"
Denford	"
Duddington	"
Easton-on-the-hill	"
Fotheringhay	"
Glapthorn	"
Great Addington	"
Hargrave	"
Islip	"
Kings Cliffe	"
Lilford	"
Little Addington	"
Lowick	"
Nassington	"
Pilton	"
Polebrook	"
Ringstead	"
Slipton	"
Southwick	"
Stoke Doyle	"
Sudborough	"
Tansor & Elmington	"
Thorpe Achurch	"
Thrapston	Weekly
Titchmarsh	"
Twywell	"
Wadenhoe	"
Warmington	"
Wigsthorpe	"
Woodford	"
Woodnewton	"
Yarwell	"
Blatherwyke	Fortnightly
Bulwick	"
Deene	"
Deenethorpe	"
Fineshade	"
Harringworth	"
Hemington	"
Laxton	"
Luddington	"
Lutton	"
Thurning	"
Wakerley	"

SEWERAGE AND SEWAGE DISPOSAL

The following villages have been provided with modern sewers and sewage disposal works:-

Kings Cliffe
Easton-on-the-hill
Warmington
Nassington
Titchmarsh
Great Addington
Little Addington

Proposals are at present under consideration for the following:-

Thrapston (
Islip (
Ringstead (New joint sewage disposal works
Denford (

Apethorpe and Woodnewton (combined scheme)
Glapthorn

In view of the increasing demand for residential development in some of the parishes in the District there is an urgent need for sewerage schemes in a number of villages.

MOVABLE DWELLINGS. Since the Caravan Sites and Control of Development Act, 1960 came into force in August, 1960, the following site licences have been issued:-

Permanent Caravan Sites - 4   Number of Caravans - 18
Temporary Caravan Sites - 15   Number of Caravans - 25

SWIMMING BATHS. There are no public swimming baths in this area.

SECTION D

HOUSING

The Council's building programme for the year was as follows:

	1968
No. of council houses built during the year	35
No. of council houses under construction at the end of the year	-
No. of private houses built during the year	100
No. of private houses under construction at the end of the year	94

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Meat Inspection

There are six licensed slaughterhouses in the Area.

The following are the details of animals inspected and of condemnations during the year.

	Beasts	Sheep	Pigs
Number Inspected	544	2,488	651
Parts Condemned			
Heads	1	-	1
Lungs	-	1	5
Hearts	1	1	7
Livers	59	14	5
Pt. Livers	59	-	-
Meat	-	5 Legs	2 Legs
Carcases	-	2	1

S E C T I O N F

THE PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The total number of infectious diseases notified during the year was 96 a decrease of 134 on last year's figure.

MEASLES. The incidence of measles during the year was 71 compared with 214 last year.

This highly infectious illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a biennial incidence with high numbers occurring in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infections and very occasionally encephalitis do occur, and the illness itself is often severe. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs are themselves not all without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed and this was available for general use during the course of the year. It is anticipated that in future years measles in common with poliomyelitis and diphtheria will be virtually eradicated.

WHOOPING COUGH. There were 11 cases notified during the year.

Acceptance rate to immunisation is high and the incidence of this condition is low. Cases still occur as immunisation is not completely effective, however, in the majority of children who have received immunisation the illness is usually mild..

SCARLET FEVER. One case was notified during the year.

This disease continues to exhibit its mild phase. The principal interest in its notification is that it gives some indication of the degree of streptococcal infection in the community.

POLIOMYELITIS. No cases occurred.

This freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

FOOD POISONING. There were four cases during the year.

The condition is usually caused by one of the Salmonella organisms of which there are a large number. The commonest strain being that of typhimurium. Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary

Officer to the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of the illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food, in this case does not prevent the illness. More rarely typhoid fever, botulism or chemical contaminants may occur. However the commonest germ is the salmonella which gains entry into food because of the faulty personal hygiene of food handlers. The sources of infection are numerous probably uncooked contaminated (often imported) meat being today one of the most frequent.

SMALLPOX. There were no cases.

The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

DIPHTHERIA. There have been no cases of diphtheria in Northamptonshire since 1956.

There is therefore with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease is kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so they neglect their welfare.

DYSENTERY. No cases of Dysentery were notified during the year.

INFECTIVE JAUNDICE. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. There were three cases notified during the year.

Acute Infective Hepatitis is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of faecal-oral spread, and with an incubation period of 15 - 50 days. The incriminative routes of infection are from food handlers, water and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood

transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattoing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work for six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposal equipment was generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

Under the Health Services and Public Health Act 1968, infective jaundice has now become nationally notifiable since October, 1969.

PNEUMONIA. There were four cases during the year.

The respiratory infections particularly those of bronchitis and influenza are still a cause of considerable illness and as a result of absence from work. Pneumonia also still occurs, though much less than formerly and is usually treated effectively by the many antibiotics that are now available. However in the elderly and in those who resistance is diminished either from chronic bronchitis or other causes it remains a cause of death. This year there were 13 deaths from pneumonia, 12 deaths from bronchitis and one death from influenza.

MENINGOCOCCAL MENINGITIS. There was one notified case.

TUBERCULOSIS. One case of respiratory tuberculosis was notified during the year. The number of cases remaining on the register was as follows:-

	Male	Female	Total
Respiratory	38	35	73
Non-respiratory	9	18	27
	47	53	100

Measles	71
Whooping Cough	11
Scarlet Fever	1
Pneumonia	4
Food Poisoning	4
Infective Jaundice	3
Meningitis	1

SECTION G

FACTORIES ACT, 1937

Details of the administration of this Act are given in the following tables:-

1) Inspection for purposes of provisions as to health

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	7	7	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	66	5	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total	73	12	-	-

2) Cases were defects were found - NIL

Outwork

There are four factories in the district which employ outworkers.

Nature of Work	Section 110			Section 111		
	No. of Outworkers in August list required by Section 110(1) (c)	No. of cases of defaulters in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel	21	-	-	-	-	-
Stuffed Toys	-	-	-	-	-	-

Offices, Shops and Railway Premises Act, 1963

Types of Premises	No. Registered	No. Inspected	No. where defects exist	No. where defects remedied
Offices	15	3	-	-
Shops	41	27	3	3
Warehouses	2	2	-	-
Catering	-	-	-	-
Staff Canteens	1	-	-	-
Fuel Storage Depots	-	-	-	-